

Patient History

<input type="checkbox"/> Chief Complaint		<input type="checkbox"/> New Patient		<input type="checkbox"/> Established Patient	
<i>To qualify for a given type of history, all three elements (HPI, ROS, PFSH) in the table must be met.</i>					
HPI		ROS		PFSH	
<input type="checkbox"/> Location <input type="checkbox"/> Timing <input type="checkbox"/> Quality <input type="checkbox"/> Context <input type="checkbox"/> Severity <input type="checkbox"/> Mod Factor <input type="checkbox"/> Duration <input type="checkbox"/> Assoc S&S		<input type="checkbox"/> Allergic/Imm <input type="checkbox"/> Eyes <input type="checkbox"/> Musc/Skel <input type="checkbox"/> Constitutional <input type="checkbox"/> GI <input type="checkbox"/> Neurological <input type="checkbox"/> Hem/Lymph <input type="checkbox"/> GU <input type="checkbox"/> Psychiatric <input type="checkbox"/> ENMT <input type="checkbox"/> CV <input type="checkbox"/> Respiratory <input type="checkbox"/> Integument <input type="checkbox"/> Endocrine		<input type="checkbox"/> Past History <input type="checkbox"/> Family History <input type="checkbox"/> Social History	
				Type of History	
				Documentation of history of present illness, review of systems, and past, family and/or social history establishes the <i>type of history</i> .	
<input type="checkbox"/> Brief HPI = 1-3				<input type="checkbox"/> Problem Focused	
<input type="checkbox"/> Brief HPI = 1-3		<input type="checkbox"/> Problem Pertinent ROS = Related System		<input type="checkbox"/> Expanded Problem Focused	
<input type="checkbox"/> Extended HPI = 4 or 3+ Chr		<input type="checkbox"/> Extended ROS = 2-9 Systems		<input type="checkbox"/> Pertinent PFSH = 1	
<input type="checkbox"/> Extended HPI = 4 or 3+ Chr		<input type="checkbox"/> Complete ROS = 10 or > Systems (New Pt)		<input type="checkbox"/> Complete = 2-3	
				<input type="checkbox"/> Detailed	
				<input type="checkbox"/> Comprehensive	

General Multi-System Examination

Constitutional <input type="checkbox"/> Vital Signs (3) BP ↑/↓ Temp BP → Height Pulse RR Weight Respiration <input type="checkbox"/> General Appearance		Cardiovascular <input type="checkbox"/> Palpation Heart <input type="checkbox"/> Auscultation Heart <input type="checkbox"/> Carotid Arteries <input type="checkbox"/> Abdominal Aorta <input type="checkbox"/> Femoral Arteries <input type="checkbox"/> Pedal Pulses <input type="checkbox"/> Extremities		Neurological <input type="checkbox"/> Test Cranial Nerves <input type="checkbox"/> DTR Exam <input type="checkbox"/> Sensation Exam		Eyes <input type="checkbox"/> Inspect Conjunc & Lids <input type="checkbox"/> Pupil & Iris Exam <input type="checkbox"/> Optic Disc Exam		Type of Examination <u>Perform and Document:</u> <input type="checkbox"/> Problem Focused: 1-5 bulleted (□) elements <input type="checkbox"/> Expanded Problem Focused: 6 or > bulleted (□) elements <input type="checkbox"/> Detailed: 2 or > bulleted (□) elements of 6 systems or 12 or > bulleted (□) elements in 2 or > systems <input type="checkbox"/> Comprehensive: Perform all elements identified by a bullet (□) in at least 9 organ systems/body areas and document at least 2 bulleted (□) elements from each of 9 systems/areas	
Gastrointestinal <input type="checkbox"/> Abd Exam: Mass/Tenderness <input type="checkbox"/> Liver & Spleen Exam <input type="checkbox"/> Hernia Exam <input type="checkbox"/> Anus, Perineum & Rectum Exam <input type="checkbox"/> Stool Occult (Indicated)		Respiratory <input type="checkbox"/> Respiratory Effort <input type="checkbox"/> Percussion Chest <input type="checkbox"/> Palpation Chest <input type="checkbox"/> Auscultation Lungs		Genitourinary <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Male <input type="checkbox"/> Scrotum <input type="checkbox"/> Penis <input type="checkbox"/> Prostate </div> <div style="width: 45%;"> Female <input type="checkbox"/> Genitalia <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Uterus <input type="checkbox"/> Bladder <input type="checkbox"/> Adnexa </div> </div>					
				Musculoskeletal <input type="checkbox"/> Gait & Station <input type="checkbox"/> Inspect/Palp Digits & Nails • Joints, Bones & Muscles 1 or > of 6 areas # _____ <input type="checkbox"/> Inspect/Palpate <input type="checkbox"/> Stability <input type="checkbox"/> ROM <input type="checkbox"/> Muscle Strength & Tone					
				Psychiatric <input type="checkbox"/> Judgement & Insight <input type="checkbox"/> Memory <input type="checkbox"/> Orientation TPP <input type="checkbox"/> Mood & Affect					
ENMT <input type="checkbox"/> Inspect External Ears & Nose <input type="checkbox"/> Aud Canal & Tymp Membr Exam <input type="checkbox"/> Assess Hearing <input type="checkbox"/> Inspect Nasal Mucosa, Sept & Turb <input type="checkbox"/> Inspect Lips, Teeth & Gums <input type="checkbox"/> Oropharynx Exam		Skin <input type="checkbox"/> Inspect Skin & Sub-q Tiss <input type="checkbox"/> Palpate Skin & Sub-q Tiss Lymphatic <input type="checkbox"/> Palp Lymph Nodes 2 or > • Neck • Groin • Axillae • Other		Neck <input type="checkbox"/> Neck Exam <input type="checkbox"/> Thyroid Exam		Chest/Breast <input type="checkbox"/> Inspect Breasts <input type="checkbox"/> Palp Breast & Axilla			

Medical Decision Making Component

Medical Decision Making

Audit of Evaluation and Management Service

Number of Diagnoses and Management Options	Points Assigned	Points Per Category	Amount and Complexity of Data	Points Assigned	Points Per Category
Self Limiting or Minor Problems (stable, Improved, or worsening) Maximum of 2 points can be given	1		Ordered and/or reviewed clinical lab	1	
Established Problem – Stable Improved	1		Ordered and/or reviewed radiology	1	
Established Problem – Worsening	2		Discussed tests with performing or interpreting physician.	1	
New Problem – No Additional Work-up Planned Maximum of 1 problem given credit	3		Ordered and/or reviewed test in the CPT Medicine Section	1	
New Problem – Additional work-up Planned	4		Independent visualization and direct view of image, tracing, specimen	2	
Total Points:			Decision to obtain old records or additional HX from someone other than patient, e.g. family, caretaker, prev. phys.	1	
			Reviewed and summarized old records and/or obtained history from someone other than patient.	2	
			Total Points		

Table of Risk-----The Highest Level in ONE Area Determines the Over-All Risk

Level of Risk	Presenting Problem(s) or	Diagnostic Procedure or	Management Options
Minimal →	<input type="checkbox"/> One self-limited or minor problem, ie: cold, insect bite, tinea corporis	<input type="checkbox"/> Laboratory tests requiring venipuncture <input type="checkbox"/> Chest X-Ray <input type="checkbox"/> EKG/Eeg <input type="checkbox"/> Urinalysis <input type="checkbox"/> Ultrasound, eg, echocardiography <input type="checkbox"/> KOH prep	<input type="checkbox"/> Rest <input type="checkbox"/> Gargles <input type="checkbox"/> Elastic Bandages <input type="checkbox"/> Superficial Dressing
Low →	<input type="checkbox"/> Two or more self-limited or minor Problems <input type="checkbox"/> One stable chronic illness, eg, well controlled hypertension, non-insulin dependent diabetes, cataract, BPH <input type="checkbox"/> Acute uncomplicated illness or injury, eg cystitis, allergic rhinitis, simple sprain.	<input type="checkbox"/> Physiological tests not under stress, eg, pulmonary, function test <input type="checkbox"/> Non-cardiovascular imaging studies with contrast, eg, barium enema <input type="checkbox"/> Superficial needle biopsies <input type="checkbox"/> Clinical laboratory tests requiring arterial puncture <input type="checkbox"/> Skin biopsies	<input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery with no identified risk factors <input type="checkbox"/> Physical therapy <input type="checkbox"/> Occupational therapy <input type="checkbox"/> IV Fluids without additives
Moderate →	<input type="checkbox"/> One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment. <input type="checkbox"/> Two or more stable chronic illnesses <input type="checkbox"/> Undiagnosed new problem with uncertain prognosis, eg lump in breast. <input type="checkbox"/> Acute illness with systemic symptoms, eg, pyelonephritis, pneumonitis, colitis.	<input type="checkbox"/> Physiological tests under stress, eg, cardiac stress test, fetal contraction stress test. <input type="checkbox"/> Diagnostic endoscopies with no identified risk factors. <input type="checkbox"/> Deep needle or incisional biopsy <input type="checkbox"/> Cardiovascular imaging studies with contrast and no identified risk factors eg, arteriogram, cardiac catheterization <input type="checkbox"/> Obtain fluid from body cavity eg, lumbar puncture, thoracentesis, culdocentesis.	<input type="checkbox"/> Minor surgery with identified risk factors. <input type="checkbox"/> Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors. <input type="checkbox"/> Prescription drug managemt. <input type="checkbox"/> Therapeutic nuclear medicine <input type="checkbox"/> IV fluids with additives <input type="checkbox"/> Closed treatment of fracture or dislocation w/o manipulation.
High →	<input type="checkbox"/> One or more chronic illnesses w/severe exacerbation, progression, or side effects of treatment. <input type="checkbox"/> Acute or chronic illness or injuries that pose a threat to life or bodily function eg, multiple trauma, acute ML pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness w/potential threat to self or others, peritonitis, acute renal failure. <input type="checkbox"/> An abrupt change in neurologic status, eg, seizure TIA, weakness, or sensory loss.	<input type="checkbox"/> Cardiovascular imaging studies with contrast with identified risk factors. <input type="checkbox"/> Cardiac electrophysiological tests <input type="checkbox"/> Diagnostic endoscopies with identified risk factors. <input type="checkbox"/> Discography	<input type="checkbox"/> Elective major surgery (open, percutaneous or endoscopic) with identified risk factors. <input type="checkbox"/> Emergency major surgery (open percutaneous or endoscopic) <input type="checkbox"/> Parenteral control substances <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity. <input type="checkbox"/> Decision not to resuscitate or to de-escalate care because of poor prognosis.

Decision Making Total: ----2 of 3 Must Meet or Exceed

	1	2	3	4
Points Assigned				
Number of DX	<input type="checkbox"/> Minimal	<input type="checkbox"/> Limited	<input type="checkbox"/> Multiple	<input type="checkbox"/> Extensive
Amount of Data	<input type="checkbox"/> Minimal	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive
Risk of Complications	<input type="checkbox"/> Minimal	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Levels	<input type="checkbox"/> Straight Forward	<input type="checkbox"/> Low Complexity	<input type="checkbox"/> Moderate Complexity	<input type="checkbox"/> High Complexity

MEDICAL RECORDS REVIEW WORKSHEET

Pt. Id _____

REVIEWERS:

Physician _____

Meets ☐

Criteria

Date of Last Entry _____

Forwarded for Further

☐

Nurse _____

Review to:

Date of Review _____

4N0

Clinic _____

FSO/Phys Exams _____

Criteria ☐

Not Met-Action:

Records/Admin _____

PHYSICIAN REVIEW	Yes	No	N/A	FSO/PHYSICAL EXAMS REVIEW	YES	NO	N/A
SOAP Note Format?				Vital Signs Taken & Annotated?			
Primary & Secondary dx Appropriate?				HEARS Form Present?			
Lab Test Documented to Support dx?				AF 422 (Updated)?			
Plan Documented in Clear Format?				PHA 600 in chart?			
F/U Documented & Appropriate?				Labs (DNA, Hgb, etc.) (Allergies)?			
Appropriate Consultation W/Appropriate F/U?				1480's Updated?			
Medication Supported by dx?				Aeromedical Disposition?			
If Transfer, dx Supports Transfer?				Occupational Hearing/Resp Fitness?			
Preventive Counseling Done?				Current 1042's/Old 1042's Pulled?			
Procedures: Risks/Benefits Explained & Consent Signed?				Patient Education Documented?			
Continuum of Care Met?							
NURSE REVIEW				RECORDS/ADMIN REVIEW			
Nurse Notes in SOAP Format?				Is Provider Signature/Stamp Present?			
Discussed with MD? (T.O)				Is Paperwork Filed in Correct Section/Sequence?			
Medications Ordered/Given/Results/				Is DD Form 2005 Present/Signed?			
Co-Signed by MD? (T.O)				Is Patient ID Complete on Front Cover?			
Pt Ed-Instructions or RX Information Given Out?				Are Allergies Documented in Red on Cover?			
Procedures Documented?				Is Minimum Pt ID Present on current visit?			
Informed Consent Accomplished?				Is the Date of Visit Present?			
Review HEAR Form or SF 88 & SF 600 Present?				Is the Division and Clinic Designation Present?			
If Needed, is F/U Accomplished?				Is AF Form 1480A/2276 Present?			
MD Notification of F/U if Required?				Is 1480A/DD 2276 Periodically Reviewed?			
TECHNICIAN REVIEW				CODING			
VS's Appropriate for Age/Condition?				Are At Least 4 HPI Elements Present?			
Weight/Height Check for Pediatrics Pts?				Are At Least 2 ROS Present? >10 For New Pt			
Signature & Name of Person Documenting VS, etc.?				Are Personal Past, Family and Social Hx Present?			
Information Stamp Present? (DEROS, etc.)				How Many Body Areas/Systems Examined?			
Allergies Annotated? (600, 1480A/2276, chart front)				# of Diagnoses or Management Options?			
Eye Exam Accomplished for Eye Complaints?				Amt and/or Complexity of Data Reviewed?			
Dust-Off Notification/Separate Form?				What Is Risk Level of Complication/Mortality/Morbidity?			
Technician Procedure Note, i.e.; Sutures?				What Would You Rate the Overall E/M Level?			
Appropriate Monitoring for Pts Condition, VS, Neuro Checks, etc.?				Does This Match ADM?			
Appropriate Pt Info, Name, Age, Complaint?							

COMMENTS:
